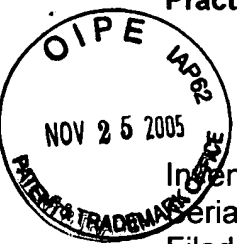


zfw

Practitioner's Docket No. BOMDENUS

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	BOWSHER, M. William	}	GAU:	3732
Serial No.:	10/810,245	}	Examiner:	MANAHAN, Todd
Filed:	03/25/2004	}		
Title:	Oral Hygiene Apparatuses	}		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is a response for this application comprising:
4 Pages Amendment with Remarks.

STATUS

- Applicant is a small entity.

EXTENSION OF TERM

- The proceedings herein are for a patent application, and the provisions of 37 C.F.R.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: 11/21/05

Thomas P. O'Connell

(type or print name of person certifying)

Section 1.136(a) apply. Applicant believes a total extension period of three (3) months is required at a fee of \$510.00. If a further extension is required, please consider this a petition therefor.

Extension Fees Enclosed (by Credit Card Payment Form): \$510.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	63	Minus	63	=	x \$9 =	\$0
Indep.	3	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$135 =	\$0
					Total Addit. Fee	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.



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